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STANLEY URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950.

S. LUDKIN, M.B., B.S., D.P.H.

C.P.S. Newcastle.

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Health Department,
Council Offices,
Tantobie,
Newcastle-on-Tyne.

TO THE CHAIRMAN AND MEMBERS OF THE STANLEY URBAN DISTRICT COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the health, vital statistics and sanitary circumstances of your area for the year 1950—the third in the series for which I have been responsible.

It has been a satisfactory year with a reduction in the number of deaths under one year and the number of deaths from Tuberculosis, the latter being most encouraging in view of our anxiety regarding the control of this disease in the past few years. While only two cases of Diphtheria occurred, for the second successive year no deaths from this disease are recorded.

An epidemic of Dysentery swept the area but most of the cases were mild in type.

While a general review of the vital statistics gives rise to a feeling of considerable satisfaction, it is sincerely hoped that this trend will continue.

An accurate estimate of those factors contributing to this improvement is very difficult to make but I feel sure that with continued effort in our present services, together with an extension to more personal and individual aspects, there is every reason to believe that the progress will continue until we have a co-ordinated health service second to none.

Health education, especially with regard to food hygiene contains to deserve special attention in the coming year and should, in my opinion, be included in the school curriculum. With regard to Tuberculosis, I would again urge the early introduction and acceptance of vaccination with "B.C.G." and more extensive use of the Mass Radiography Unit.

There has been during the year an increasing liaison between the General Practitioners and your Public Health Department and I wish to record my appreciation for their ready co-operation.

Finally, I wish to thank the Members of the Council for their encouragement and support and the staff for their co-operation.

I am, Ladies and Gentlemen,

Yours faithfully,

STANLEY LUDKIN,
Medical Officer of Health.

ENVIRONMENTAL CIRCUMSTANCES AND GENERAL STATISTICS
IN THE URBAN DISTRICT

Area (Acres)	12,658
Population (Estimated)	48,480
(i) Estimated number of children :—	
Under 5 years	4,266
5-14 years	7,142
(ii) Approximate number of Aged People	4,660
Marriages in the Area during 1950	562
Number of inhabited houses	13,826
(i) Number of Aged Miners' Homes	180
(ii) Number of Council Aged Persons' Homes	200
(iii) Number of Council Houses	3,332
(iv) Number of Houses and shops combined	176
(v) Number of lock-up shops	312
(vi) Number of occupied houses under Demolition Orders	4
(vii) Estimated number of sub-standard houses	905
Rateable Value (1950-51)	
(i) Estimated	£192,400
(ii) Net Product of Penny Rate (1950-51) (Estimated)	£697

NUMBER OF EMPLOYED PERSONS

	Males.	Females.	Totals.
(i) Coal Mining	10,000	—	10,000
(ii) Building and Civil Engineering	650	—	650
(iii) Retail Distribution of Food	500	500	1,000
(iv) Local and National Government	370	50	420
(v) Catering, Hotels, Canteens, etc.	150	470	620
(vi) Miscellaneous	2,740	1,710	4,450
Totals	14,410	2,730	17,140

UNEMPLOYED AND DISABLED

	Males.	Females.	Totals.	%
(i) Employable Persons out of work at the end of 1950	—	—	520	3
(ii) Persons registered as disabled	1,121	39	1,160	
(iii) Registered Disabled who were on the Tuberculosis Register at the 31.12.50	37	2	39	3.4 of Disabled.
(iv) Disabled persons retrained	—	—		9
(v) No. of persons who have had special rehabilitation during 1950	—	—	20	
(vi) No. of T.B. persons who have had special rehabilitation during 1950	—	—	1	
(vii) Tuberculosis persons retrained during 1950	—	—	2	
(viii) No. of Persons drawing Blind Persons' Pension	—	—	26	
(ix) No. of Registered Blind	—	—	108	

A CO-ORDINATED HEALTH SERVICE

Last year under the heading of "The Changing Field" I wrote of the part the Local Authority Public Health Department had played in the past, outlining its plan of action, recounting its achievement and urging a new outlook on Preventive Medicine with emphasis on the more personal and individual services, encouragement of health education and attention to new problems and opportunities.

To-day, looking back over 1950, the work we have done during the year and our relationship with the General Practitioners and Hospital Services, I am impressed by the value, indeed necessity of co-ordination of all these services if the general public is to get the maximum benefit from the application of recent advances in medicine.

The more illnesses of acute nature which we prevent in youth and the more people we snatch from death by the use of newly discovered methods and drugs, the more we leave to develop chronic diseases in later life while the longer we keep them alive the more elaborate, expensive and co-ordinated must be our services. Tuberculosis is a typical example of a disease where the co-operation of all health services is essential, while the needs of the Aged and Chronic Sick—an increasing problem—are already over-taxing all our resources.

We have now reached the stage when the cost of living—and by this I mean the cost of keeping alive and healthy—is beyond the individual purse; when we can't afford to be ill if to salvage us we need expensive hospitalisation with its train of radiographers, biochemists, physiotherapists, pathologists, etc. Prevention of disease is therefore of increasing importance. The phrase "Prevention is better than Cure" comes easily to our lips but often without the slightest thought of its true significance or wisdom of the remark and unfortunately the results obtained by preventing a hundred children from developing a disease is not nearly so spectacular—nor incidently so expensive —as saving the life of one case of preventable disease in hospital. In the future we must regard the citizen as a whole, with an analysis of his health needs, what he needs when he is sick and how best and how quickly we can rehabilitate him to a full and productive life and case conferences with Health Visitor, Social Worker, General Practitioner, Medical Officer of Health, Chest Physician and Disablement Resettlement Officer should, in my opinion, be of considerable value. Rehabilitation and resettlement services must be however, as comprehensive as those other branches of the service and they must be available and suitable to the needs of all the patients.

The General Practitioner is, of course, the hub around which everything must revolve and while dealing with the family needs he is also the agent of prevention in the family just as the Medical Officer of Health is the agent of the community, judging the significance of the signs of danger which they may discover.

It is to be regretted that the establishment of Health Centres—which would undoubtedly increase the liaison between the various services—is being delayed.

Nevertheless, during the year every attempt has been made to establish this close working relationship which I am confident must be developed if the health services are to run smoothly and efficiently and, at the same time, the Country is to remain solvent.

COMPARATIVE RATES

	England and Wales	Durham County	148 Smaller Towns	Stanley
No. of live births per 1,000 population .	15·8	17·8	16·7	15·86
No. of still births per 1,000 population .	0·37	0·48	0·38	0·41
No. of maternal deaths per 1,000 live and still births	0·86	1·15	—	1·27
No. of deaths infant per 1,000 live births	29·8*	40·0	29·4	33·8
No. of deaths per 1,000 population ..	11·6	11·8	11·6	11·57
No. of Tuberculosis deaths per 1,000 population	0·36	0·45	0·33	0·33
No. of Pulmonary Tuberculosis deaths per 1,000 population..	—	0·39	—	0·29
No. of Non-Pulmonary Tuberculosis deaths per 1,000 population ..	—	0·06	—	0·04

The standardised birth and death rates for the area, *i.e.,* rates calculated in such a way that allowances are made for the aged and sick composition of the population were 16.81 and 12.84 respectively.

*Related Live Births.

DETAILED VITAL STATISTICS

BIRTHS

(a) **Live Births.**	**Males.**	**Females.**	**Totals.**
Legitimate	381	358	739
Illegitimate	15	15	30
Totals	396	373	769

(b) **Still Births.**	**Males.**	**Females.**	**Totals.**
Legitimate	12	7	19
Illegitmate	—	1	1
Totals	12	8	20

	1946	1947	1948	1949	1950
No. of Still Births per 1,000 population ..	0·87	0·72	0·57	0·35	0·41
No. of Live and Still Births per 1,000 population	21·13	23·56	19·50	18·35	16·27
No. of Still Births per 1,000 Live and Still Births	41·2	30·62	29·35	19·00	25·35

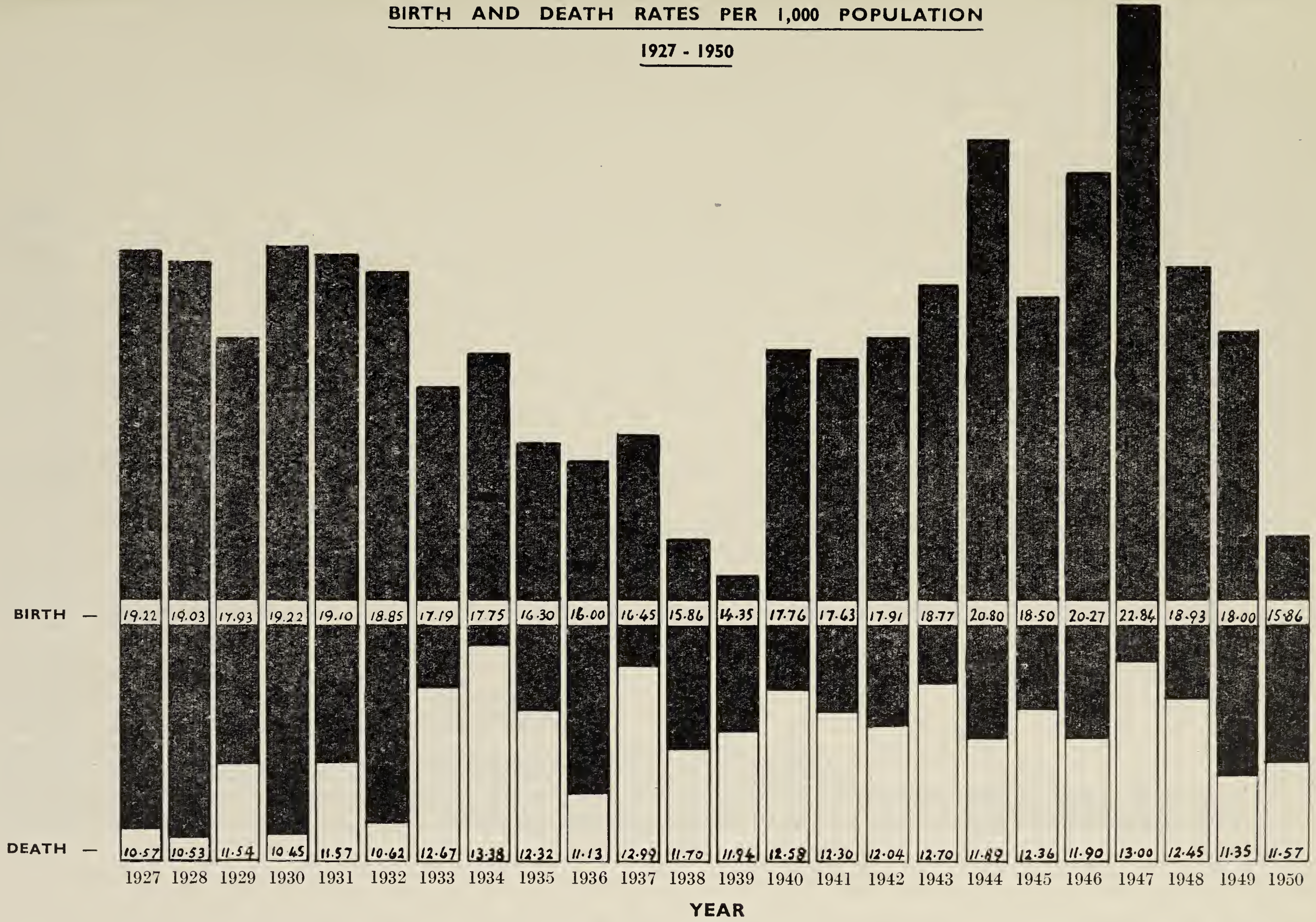
During the year there were 20 still births as compared with 17 last year.

DEATHS

	Males.	**Females.**	**Totals.**
Deaths during year	295	266	561
Deaths from Puerperal Causes	—	—	—

BIRTH AND DEATH RATES PER 1,000 POPULATION

1927 - 1950

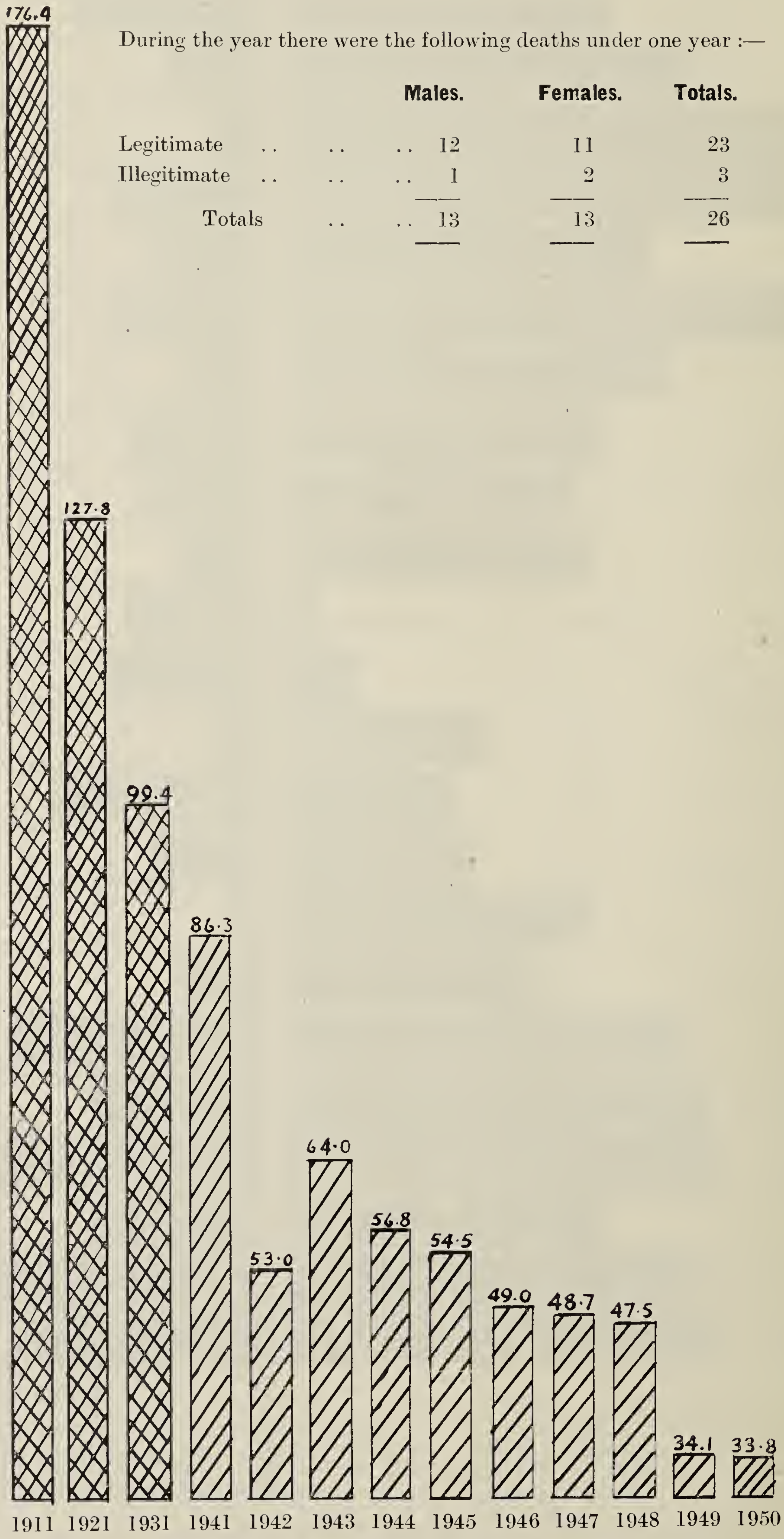


(a) **Infant Deaths.**

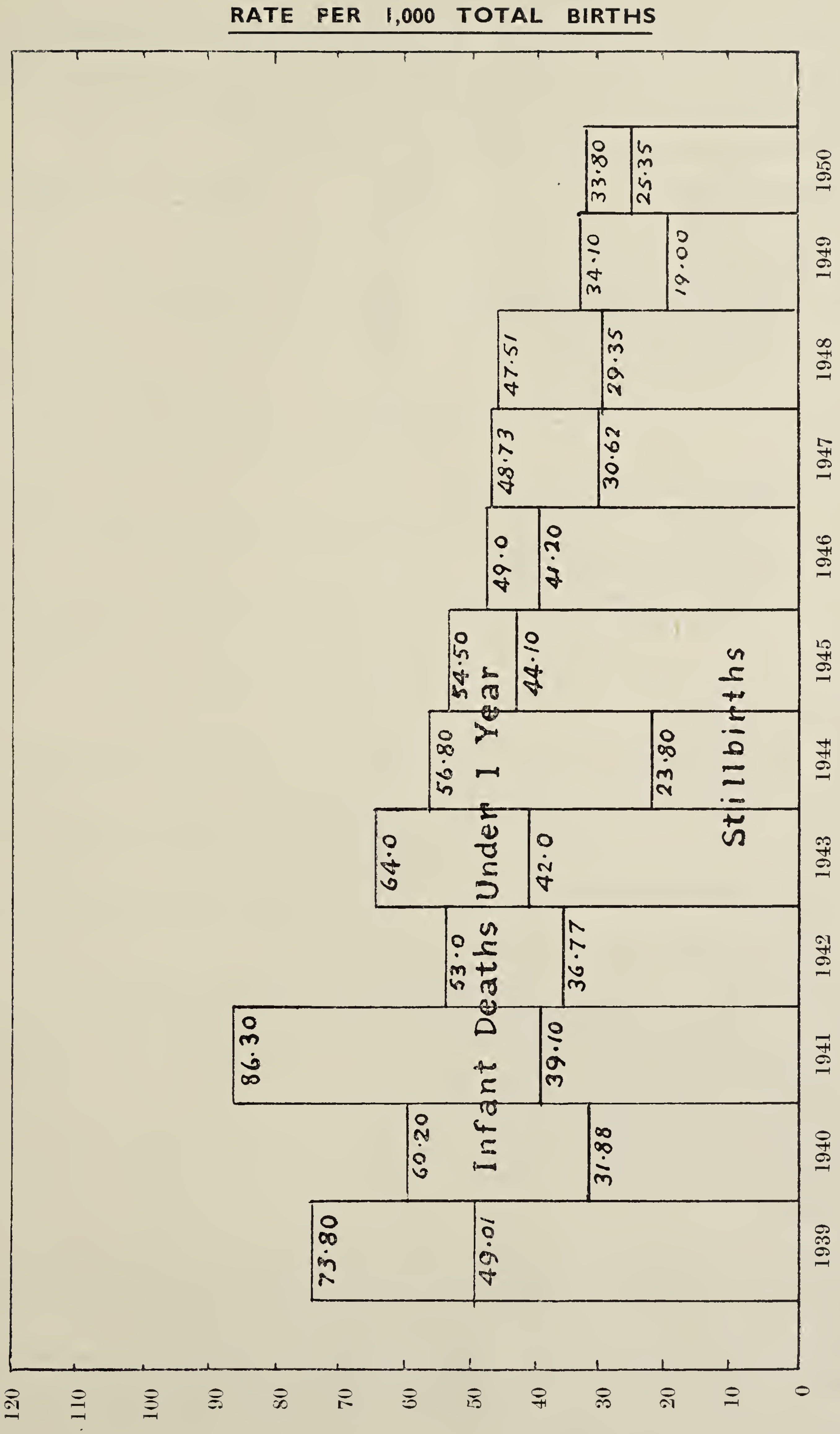
The Infantile Mortality Rate of 33·8 for this year is the lowest ever recorded in the Area, the figures for the last ten years together with 1911, 1921 and 1931 being :—

During the year there were the following deaths under one year :—

	Males.	**Females.**	**Totals.**	**Rate per 1,000 Live Births.**
Legitimate	12	11	23	29·9
Illegitimate	1	2	3	3·9
Totals	13	13	26	33·8



INFANT DEATHS PER 1,000 LIVE BIRTHS



LOSS OF LIFE UNDER 1 YEAR

It is to be noted that 12 (46%) deaths occurred in the first month of life, 4 being due to congenital malformations.

It is still my firm conviction that education in mothercraft could be beneficially introduced in the form of a short series of lectures to girls of 15 years just before they leave school. Whilst stimulating their interests in these principles they could also be told, and by visits see for themselves, the free facilities offered in the Area to expectant and nursing mothers.

For detailed vital statistics and trends see Appendix A.

(b) **Deaths (General)**	**Male.**	**Female.**	**Total.**
ALL CAUSES	295	266	561
1. Cardio vascular—			
(a) Vascular lesions of nervous system	34	45	79
(b) Coronary disease, Angina ..	43	18	61
(c) Hypertension with heart disease	11	5	16
(d) Other heart diseases	38	58	96
(e) Other circulatory diseases ..	10	8	18
Totals ..	136	134	270
2. Cancer.			
(a) Malignant Neoplasm, stomach ..	12	11	23
(b) Malignant Neoplasm, lung, bronchus	5	—	5
(c) Malignant Neoplasm, breast ..	—	8	8
(d) Malignant Neoplasm, uterus ..	—	7	7
(e) Other Malignant and Lymphatic Neoplasms	27	18	45
Totals ..	44	44	88
3. Chest Diseases—			
(a) Pneumonia	8	7	15
(b) Bronchitis	26	11	37
(c) Other diseases of respiratory system	2	3	5
Totals ..	36	21	57
4. Tuberculosis—all forms	8	8	16
5. Influenza	5	2	7
6. Whooping Cough	—	1	1
7. Other Infective and Parasitic Diseases	1	—	1
8. Diabetes	1	1	2
9. Ulcer of Stomach and Duodenum ..	8	—	8
10. Gastritis, Enteritis and Diarrhoea ..	1	1	2
11. Nephritis and Nephrosis	7	8	15
12. Hyperplasia of Prostate	2	—	2
13. Pregnancy, Childbirth, Abortion ..	—	1	1
14. Congenital Malformations	2	4	6
15. Other defined and ill-defined diseases ..	27	37	64
16. Motor Vehicles accidents	2	2	4
17. All other accidents	11	2	13
18. Suicide	4	—	4

The main causes of death continue to be diseases of the Heart and Circulatory System, Cancer, Bronchitis, Tuberculosis and Pneumonia in that order but with slight reduction in the number dying from the latter three causes.

There were 57 deaths from Coronary Thrombosis, two-thirds of these being males.

Accidents in the home were responsible for five deaths during the year, three elderly persons and two infants.

GENERAL PROVISIONS OF HEALTH SERVICES

1. Staff of Public Health Department.

Medical Officer of Health and Area Medical Officer:
S. LUDKIN, M.B., B.S., D.P.H.

Chief Sanitary Inspector:
K. ELLIOTT, M.S.I.A., C.R.SAN.I., Certified Meat and Foods Inspector.

Assistant Chief Sanitary Inspector:
S. L. HETHERINGTON, M.S.I.A., C.R.SAN.I., Certified Meat and Foods Inspector. (Retired 19/12/50).

District Inspectors:
J. W. RICHARDS M.S.I.A., C.R.SAN.I., Certified Meat and Foods Inspector.
J. B. McGREGOR, M.S.I.A., C.R.SAN.I.

Clerical Staff:
T. WATSON; G. W. MOORE; W. BELL.

Disinfector and Rodent Operator:
R. NEILL.

2. Laboratory Facilities.

These continue to be provided by the Public Health Laboratory Service, Newcastle under the direction of Dr. R. Norton.

All specimens for animal inoculation are sent to the laboratory attached to the General Hospital, Newcastle.

The services of the Public Health Laboratory are being used to a much greater extent by the General Practitioners than in previous years, the number of specimens sent for examination during the past five years being:

	Specimens Submitted.	Positive.
1946	777	106
1947	422	66
1948	568	77
1949	887	159
1950	2,475	493

This great increase is due mainly to the desire to establish the nature of the causitive organism in cases of Diarrhœa, Food Poisoning and Throat Infections.

The following table gives particulars of specimens sent in by the Health Department and the Medical Practitioners in the Area for examination during the year.

Bacteriological Examinations.

	Number of Specimens Submitted	Positive
Blood (Serological Examinations).		
(a) Enteric Fever	7	—
Faeces.		
(a) Enteric Fever	1,765	2
(b) Dysentery		15
(c) Food Poisoning		—
(d) Other Organisms		407
Urine.		
(a) Enteric Fever	—	—
(b) Other Organisms	1	—
Swabs, (Throat, Nasal and Ear).		
(a) Diphtheria	305	3
(b) Haemolytic Streptococci	62	9
(c) Other Organisms	32	22
Sputum for Tuberculosis.		
(a) Dispensaries	221	33
(b) Other Medical Services	20	1
Miscellaneous.	62	1
Totals	2,475	493

106 Water and 31 Ice Cream samples (four of the latter being for specific organisms) were submitted for bacteriological examination.

66 Water and 27 Ice Cream samples were found to be satisfactory.

3. Nursing in the Home.

The four Nursing Associations in the District, now affiliated to the County Nursing Association, undertake to carry out this service on an agency agreement with the County Health Committee.

The District Committees are still in existence and provide nursing requisites on loan from their central store.

The following is a summary of the work carried out by all District Nursing Associations in the Area:

	Cases	Visits
Midwifery	278	4,396
Maternity	72	1,294
General, including Medical and Surgical	1,262	23,392
Ante Natal	—	2,388
Post Natal	—	460
Casual	—	1,307
Miscarriages	12	234
Clinics	—	69
Totals	1,624	33,540

The staff of the District Nursing Associations are as follows:

Stanley	2 General Nurses and 4 Nurse Midwives.
Annfield Plain	1 General Nurse.
Burnopfield	2 Nurse Midwives who carry out General Nursing and Midwifery.
Craghead	2 do.
Dipton	1 do.
Tanfield	1 General Nurse.

In addition to the above the following County Midwives are situated in this District:

Annfield Plain	2 Midwives.
Tantobie	1 Midwife.
Dipton	1 Midwife.

The following is a summary of work carried out by the above County Midwives:

	Cases	Visits
Midwifery	126	2,142
Maternity	60	1,152
Totals	186	3,294

4. Clinics.

(*a*) Birth Control.

Clinics for the above are held in the Maternity and Child Welfare Centre, Holmside House, Stanley on alternate Monday afternoons.

(*b*) Ante-natal.

Clinics are held as follows: —

Chapel Schoolroom, Catchgate—Friday mornings and alternate Friday afternoons.

U.M. Schoolroom, Burnopfield—Alternate Thursday mornings.

Hedley Memorial Hall, Craghead—Alternate Wednesday mornings.

Community Service Centre, Dipton—Alternate Thursday afternoons.

Maternity and Child Welfare Centre, Holmside House, Stanley—Wednesday mornings and alternate Wednesday afternoons.

Wesleyan Schoolroom, Tanfield Lea—Alternate Tuesday afternoons.

Women's Institute Hut, South Moor—Alternate Wednesday afternoons.

(*c*) Post-natal.

Clinics for the above are held in the Maternity and Child Welfare Centre, Holmside House, Stanley on alternate Monday afternoons.

(*d*) Child Welfare.

Clinics are held as follows: —

Chapel Schoolroom, Catchgate—Tuesday mornings.

U.M. Schoolroom, Burnopfield—Alternate Thursday mornings, Thursday afternoons weekly.

Hedley Memorial Hall, Craghead—Alternate Wednesday afternoons.

Community Service Centre, Dipton—Alternate Thursday mornings.

Women's Institute Hut, South Moor—Alternate Monday afternoons.

Maternity and Child Welfare Centre, Holmside House, Stanley—Monday mornings.

Wesleyan Schoolroom, Tanfield Lea—Alternate Tuesday mornings.

(*e*) Chest.

Clinics for the above are held in the Chest Clinic, Holmside House, Barn Hill, Stanley, females and children Thursday mornings, and males Friday mornings, by appointment.

(*f*) Artificial Sunlight.

Clinics are held as follows: —

Chapel Schoolroom, Catchgate—Tuesday afternoons and alternate Friday afternoons.

Maternity and Child Welfare Clinic, Holmside House, Stanley—Tuesday afternoons and alternate Friday afternoons.

(*g*) Immunisation.

(i) The three weekly clinics for immunising children against Diphtheria have been continued by your Medical Officer at Stanley, Tantobie and Hare Law.

(ii) Immunisations have also been carried out at Maternity and Child Welfare Clinics throughout the area and

(iii) By General Practitioners by personal arrangement with parents.

(*h*) Venereal Diseases.

Clinics for the above are held as follows: —

Newcastle General Hospital, Westgate Road, Newcastle-on-Tyne.

Monday to Friday	10 a.m. to 12 noon; 3 p.m. to 7 p.m.
Saturday	11 a.m. to 12 noon; 4.30 p.m. to 6 p.m.

Durham County Hospital.

Monday	2 p.m. (Women).	**Thursday**	2 p.m. (Women).
„	5 p.m. (Men).	„	5 p.m. (Men).

5. Domestic Help Service.

This service provided by the County Council has been used extensively during the year throughout the district. The object of the service is to provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age". The following being examples of circumstances in which a domestic help may be provided:

(a) Confinement and lying-in.

(*b*) Where the housewife is sick or must have an operation.

(*c*) Where there are elderly people living alone who are infirm or fall ill.

(*d*) Where several members of the family are ill at the same time.

(e) Where there is a mentally defective child in the home who requires care and attention.

While this paid service might appear to replace the large amount of neighbourly help so freely given to sick persons in the past and also to take away the responsibilities of relatives for the care of the elderly, in actual practice the Home Helps to a large extent add to the attention given in the home. They permit elderly people—who are by far the largest proportion using this service—who dread the possibility of having to go to an institution to carry on at home in reasonable comfort. Supplemented by the efforts of an active Aged Persons Welfare Committee it prevents aged persons lacking in vitality from suffering unnecessarily because of their inability to obtain their food, clothing, pension and all the little items which make the difference between comfortable living and mere existence.

The service cannot provide a twenty-four hour one for bedridden invalids nor are Home Helps sick visitors, they are experienced house-wives who can cook, wash and clean, and who can only stay in the house just as long as it takes them to get through the necessary work.

Charges are made, the amount depending on the income of the household, but these are extremely generous.

The service, in my opinion, meets an outstanding need, but if abused—and cases of abuse occasionally occur—will easily destroy this valuable but expensive amenity.

6. Ambulance Service.

The Urban District comes within the area served by the Consett Ambulance Control (with its staff of 4 clerk-telephonists maintaining a 24 hour service) but is served in the main by the County Depot situated in East Street, East Stanley. The establishment of personnel and vehicles at this latter depot being as follows:

Driver-attendants	16
Ambulances	5

The following table gives details of work undertaken by the Stanley depot during the year 1950:

Journeys Undertaken.	Cases Carried.			Miles Covered.
	Stretcher.	Sitting.	Total.	
3,741	1,573	5,973	7,546	96,631

It should be noted however, that the conveyance of cases resident in the Urban District is not completely restricted to the Stanley Depot but is undertaken by the unit which is most convenient at any given time.

7. Hospital Services.

(under the control of the Shotley Bridge Hospital Management Committee):

Maiden Law Hospital.

During the year under review infectious disease patients continued to be hospitalised in this Central Isolation Hospital at Lanchester. Out of a total of 108 beds, 24 (1 private) are used by the Ear, Nose and Throat Unit and 24 as a Medical Convalescent Unit, leaving 60 beds for isolation cases. It is hoped that in the near future a further 36 beds will be provided for cases of Tuberculosis.

South Moor Hospital.

Of the 38 available beds 25 (1 private) are used for General Surgical Cases and 13 for the use of General Practitioners in the area.

Out-patient sessions have been arranged for the following specialties—Surgery, Gynæcology, Orthopædics, Pædiatrics, Ophthalmology, and Ear, Nose and Throat Diseases.

Lee Hill Hospital, Lanchester.

This hospital with a complement of 307 beds (245 under Hospital Management Committee and 62 under Local Health Authority for Part III. cases needing care and attention) deals with Chronic Sick and includes a section (25 beds) for Orthopædic Tuberculosis Cases.

Shotley Bridge Hospital.

An increasing number of cases in the area are now draining to the Shotley Bridge Group of hospitals for Out-patient and In-patient treatment instead of to Newcastle as in the past. The 582 beds are allocated to the following specialties.

General Medicine	149
,, Surgery	135
Gynaecology	21
Paediatrics	26
Thoracic Surgery	146
Plastic Surgery	37
Radio-therapy	49
Orthopaedics	10
Private	9

Richard Murray Hospital.

There are 32 Obstetric beds (1 Private) at this hospital.

8. Old People and their Homes.

The aged can be very arbitrarily divided into

(1) those able to care for themselves in their own homes,

(2) those needing accommodation and board because of their inability to cope with housekeeping, preparation of food, shopping, etc.,

(3) those needing care and attention but not nursing attention and

(4) those needing nursing attention.

Most old people progress steadily but at different rates from stages (1) to (4), the most dreaded stage being that when they must be removed from their normal environment with the associated separation from friends, relatives and interests. Anything which may delay this progression is desirable and, incidentally, more economical.

The ideal would be to have, in or very close to the area where they have always lived, the following types of accommodation :

(i) small two-bedroomed houses on the flat, near a shopping and social centre;

(ii) a Local Authority Hostel (providing accommodation and board);

(iii) a Local Health Authority Hostel (providing board, care and attention) and

(iv) a hospital for the chronic sick with an out-patient department, a Geriatrician and an attached social worker.

Close co-operation between Local Authority, Local Health Authority and Hospital Management Committee would of course be essential to ensure an easy two-way traffic between the various types of accommodation.

We have at the moment 380 Old Persons Bungalows (200 Council Houses and 180 Aged Miners' Homes) while in the future a Local Health Authority Hostel, providing accommodation for 35 old people, is to be built in the Stanley Urban District. Lee Hill Hospital at Lanchester is dealing with the chronic sick.

The whole idea however, must be to keep old people in their own homes as long and as comfortably as possible and if by the provision of "social props" this object can be achieved then these should be provided.

With this in mind the Council sponsored the formation of a "Central Co-ordinating Committee for the Welfare of the Old People". A public meeting was held to which representatives of all interested organisations were invited, with the result that a Committee was formed, the Chairman of the Public Health Committee being appointed its Chairman and, with a grant from the Council, commenced its duties in July. Many of the organisations on the Committee were already very active in the field, but all welcomed this opportunity of pooling resources and experience.

A visiting service was organised so that needs could be assessed and dealt with either immediately or after reference to voluntary or statutory authorities and already most valuable work has been done by this Committee. New clubs, holiday schemes, schemes for assisting with gardens, etc., have been sponsored and promise to be a great success.

9. Factories.

During the year comparison was made with the list of factories held by H.M. Inspector of Factories for this area, and further details are awaited regarding differences.

For details of inspections and defects found see Appendix C.

SANITARY CIRCUMSTANCES OF THE AREA

1 Water.

(a) Despite the installation of a new chlorinating apparatus at the Honey Hill filters reported in my last Annual Report, the water supplied to this area during most of the year continued to shew evidence of regular pollution, the consumers having to be constantly reminded of the Board's request—first published in 1949—to boil all drinking water.

In response to the request of the Council, the Chairman and Representatives of the Durham County Water Board came to Stanley on the 9th October in order to discuss the best and quickest way to improve the supply. They were considerably hampered by financial restrictions, nevertheless, following this meeting the Board agreed to press for the covering of all service reservoirs and by making modifications at Honey Hill it was found that adequate chlorination of the water could indeed be obtained. In December, following these latter alterations, a chlorine residual was detected in the water samples taken in the district and while at first there were complaints regarding the taste, after the dosage of chlorine and ammonia at the filter station was adjusted there were no further objections. In addition, it is hoped that all the service reservoirs will be covered within the next two years.

The water supply can now be considered safe and satisfactory, there being no further need to boil it before it is consumed. Because of the steady chlorine residual the B. coli tests are being done much less frequently in favour of chlorine estimates.

(b) During the year the following work has been done:

Position of New Main.	for the supply of	involving the laying of
South Stanley	50 Orlit houses	670 yds. of 3″ pipes.
Durham Road, Stanley	44 houses	610 yds. of 6″ pipes. 89 yds. of 3″ pipes.
South Stanley	4 Orlit Houses	79 yds. of 3″ pipes.
South Stanley	50 houses	144 yds. of 3″ pipes.
Annfield Street, Dipton	20 houses.	90 yds. of 3″ pipes.
Hare Law Quarry to Bradley Terrace	to improve supply	406 yds. of 3″ pipes.

Provision was made for a constant supply of D.C.W.B. water to the Coppy Farm and Cottages (26/3/50) and Plane Tree Farm. Beamish Burn Cottages, which had always been supplied by a spring were also supplied with piped water (9/8/50).

(c) Results of Water Samples.

The following results are graded in accordance with the Ministry of Health Report "Bacteriological Examination of Water Supplies, 1939". In addition to indicating the method of grading water samples it stipulates that:

(i) in any one year 50% of the samples should be in Grade I.

(ii) 80% of the samples should not fall below Grade II. and the remainder should not fall below Grade III.

(iii) if however, water is chlorinated, all samples should be in Grade I. and any fall to Grade II. should give rise to misgivings as to the adequacy of chlorination.

As all water supplied by the Durham County Water Board is chlorinated all samples should be in Grade I. Results taken in the Stanley Urban District were as follows:

	Grade 1	Grade II	Grade III	Grade IV	Total
General (D.C. W.B. Supply)	45	11	14	15	85
Other sources of supply—mainly springs	6	4	—	11	21
Totals	51	15	14	26	106

During the year four samples of water were sent to the County Analyst for chemical examination and were found to be satisfactory.

The following are particulars of General Samples taken before and after the 9th October, 1950:

	Grade I	Grade II	Grade III	Grade IV	Total
Before adequate chlorination	25	10	14	15	64
After adequate chlorination	20	1	—	—	21
Totals	45	11	14	15	85

The chlorine residual fluctuated considerably at first (between 0.3 p.p.m. and 0.5 p.p.m.) eventually being stabilised at 0.1 p.p.m.

2. Drainage and Sewage.

Construction of the new Sewage Disposal Works near Causey continued and it is hoped to have them functioning towards the end of 1951 when the existing and inadequate installations at West Kyo, Clough Dene, Tantobie, Tanfield Lea, Tanfield and West Shield Row will be eliminated.

Extension of the Hustledown Works, completed during 1949, have eliminated the old Craghead and Middles Sewage Disposal Works and drain the south-east section of the Area.

HOUSING.

The following Council houses were completed during the year:

Parlour type with 3 bedrooms (Brick)	40
Dining recess with 3 bedrooms (Brick)	2
Dining kitchen with 3 bedrooms (Brick)	28
Dining kitchen with 3 bedrooms (Orlit)	68
Aged Pensioners Cottages with 2 bedrooms (Brick)	6
	144

New Council houses let	150
Casual lettings during the year	55

During the year a commencement was made in converting the accommodation at the Miners' Hostel, New Kyo and the following bungalows were completed and occupied:

Living room, kitchenette and 2 bedrooms	3

In addition to the above the following houses were completed and occupied during the year:

Police houses—Catchgate (Durham County Council)	3
Private House	1

The Council's very sound practice of allocating 10% of new houses and casual lettings to Medical Cases was continued and in view of our concern to reduce the incidence of Tuberculosis in the Area, all of this allocation was granted to overcrowded families or families living in insanitary circumstances, in which one or more persons were suffering from Tuberculosis. Due regard was given to the family income and rent payable for the Council house to ensure that no financial hardship or deterioration in nutritional state would ensue following rehousing.

A total of 245 applicants for Council houses requested medical priority during the current year but only 40 were considered to justify special consideration. Of these, 16 families were rehoused.

INSPECTION AND SUPERVISION OF FOOD

(a) **Ice Cream:** Following the inception and application of the Heat Treatment Regulations a high standard has been set for the bacteriological content of Ice Cream and for the condition of the premises. In conjunction with the Public Health Laboratory Service samples of the produce at all stages of manufacture have been submitted to analysis and the results talked over with the workpeople concerned. As a result the bacterial standard of Ice Cream sold has improved enormously and it is rare now for us ever to get a Grade II. sample, let alone Grades III. or IV.

(b) **Milk:** Practically the whole of the supply to the district is now pasteurised, either at the North-West Durham Co-operative Dairies Ltd., Annfield Plain or the Milk Marketing Board premises, Langley Moor, being also bottled at these establishments.

(c) **General:** At the beginning of the year and indeed most of the year, because of the rising incidence of Food Poisoning and Gastro-intestinal cases in the district, the attentions of your Health Department were focussed on Food Hygiene. Our powers were considerably extended by new bye-laws approved by the Minister of Food and coming into operation on 10th July, 1950, and helped us to secure the observance of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food and the sale of food in the open air. First, a preliminary survey was made in order to assess "the field" and to draw up a unit of measurement, "a yard stick", for comparative purposes. Inspections and analysis of the conditions were made of the following establishments in the Area:

18	Bakeries.
1	Dairy.
8	Ice Cream Manufacturers.
61	Cafes, Hotels and Canteens.
33	Fish Friers.
29	Butchers.

It was hoped to include Public Houses and Clubs but because of the pressure of work these are still to be commenced with. The results indexed, a minimum standard could then be drawn up to which we must require everyone to comply, gradually raising the standard over the next few years until we reach the ideal.

Unfortunately there is nothing spectacular in what the local authority can do, it is only a question of perseverance and steadily "getting there". Statutory enforcement may be necessary but practically all traders have been most co-operative and only too anxious to raise or keep up a high standard. While statutory requirements are essential as a background, education of the food handler in hygienic methods is, in my opinion, of prime importance, supplemented, of course, by the efforts of the general public in discriminating between clean and dirty shops, cafes and restaurants and assisting the clean trader to maintain his standard.

Schemes adopted during the Year.

1. Discussion took place with all food traders on the Food & Drugs Act and Byelaws on Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air. Many problems were raised and I consider the meeting was of extreme value.

2. Lectures were given and a film shown on Food Poisoning to all food handlers in the district, a total of 568 attending on the two occasions. Employers were most co-operative, allowing their staff to attend during work hours and in some cases have refunded the necessary travelling expenses.

3. Lectures were given and circulars distributed to various sections of the public.

4. A film on Food Poisoning was shewn to the general public in six cinemas in the area as part of a normal programme. The managers and proprietors of these cinemas were most helpful and are to be congratulated on their anxiousness to assist in health education propaganda.

5. Caterers were sent copies of extracts from the new Bye-laws.

6. "Please Wash Your Hands Now" and "Please Leave Your Dog Outside" signs were distributed to traders.

On the whole we can feel proud of the efforts being made by the proprietors of food manufacturing and preparation establishments to institute a uniformly high standard of food hygiene in the district.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

There was a small increase in the number of notifications received during the year as compared with 1949. This increase was mainly due to the discovery of cases of Dysentery which now appears to be endemic in the Area.

Field trials of different vaccines for vaccination against Whooping Cough undertaken by the Medical Research Council have proved that this procedure can be both safe and effective, but the age at which to vaccinate, the number of injections and the ideal vaccine to be used are still matters for argument and further trial.

For analysis of notified and confirmed cases of notifiable diseases see Appendix B.

Notifiable Diseases reported during the Year 1950.

The following table gives particulars of the incidence of notifiable disease (other than Tuberculosis) in the Area during the year: —

Disease	Total Number of Cases Notified	Total Number of Cases Confirmed	Cases Admitted to Hospital	Total Deaths
Scarlet Fever	107	103	49	—
Whooping Cough	391	391	4	1
Diphtheria	23	2	23	—
Measles	379	381	1	—
Pneumonia	108	97	40	15
Cerebro-spinal Fever	6	3	6	—
Acute Poliomyelitis	3	4	3	—
Dysentery	391	385	46	—
Puerperal Pyrexia	1	1	1	—
Erysipelas	16	15	3	—
Food Poisoning	20	23	4	—
Acute Encephalitis (Infective) ..	—	1	—	—
Totals	1,445	1,406	180	16

Scarlet Fever—The number of cases decreased from 236 in 1949 to 107 this year but it must be realised of course that the same organism (Hæmolytic Streptococci), in addition to causing Scarlet Fever, can produce Tonsillitis, Catarrhal Infections, Septic Sores, etc., and can also be carried in the throats of resistant carriers. None of these latter infections are notifiable and therefore constitute an unassessed reservoir of infection. The futility of notifying one disease and not all the others must of course be obvious.

General Practitioners were encouraged to request admission to hospital for only those cases where gross adverse environmental circumstances or additional complications made this step necessary. The disease was mild in type with no deaths, the average period of hospitalisation being four weeks.

Poliomyelitis—Five cases of paralytic acute anterior poliomyelitis were confirmed during the year, two during September, two in November and one in December. All cases were under five years of age, two being in the region of six months. One child was notified while residing in another district.

The cases were widely distributed over the area and no possible contact of one family with the other could be ascertained. There was no association of any case with recent prophylactic inoculations or tonsillectomy.

Paralysis in all cases was limited to one muscle or one group of muscles of the legs.

Residual paralysis in all cases was slight.

Typhoid—No cases of Typhoid were notified.

Pneumonia—There were 108 cases notified during the year as compared with 121 in the previous year, 40 of which were admitted to hospital.

Smallpox—Between 1837-40 there were in England and Wales some 41,000 deaths from Smallpox. However, with the introduction of free vaccination in 1840 (made compulsory in 1853), with the exception of a major epidemic in 1870, the number of deaths, from this disease has declined steadily so that we are now relatively free from it. Nevertheless, in recent years three outbreaks have occurred in Britain, all started by infected people entering the Country from abroad. Fortunately, in each case, it was kept under control and widespread epidemics avoided.

We must however, be constantly on the guard against the disease for, with the great increases in air travel, the possibility of its introduction from abroad has been increased. This fact, together with the extreme difficulty of diagnosing a modified attack, makes it unlikely that Smallpox will cease to be a very rare cause of death.

In 1942 Smallpox was brought into Glasgow, infection spreading into the country generally and causing 25 deaths.

At the beginning of 1950 another seaborne case caused an epidemic in Glasgow, while at the end of the year an air traveller started an outbreak in Brighton. In both of the latter epidemics the original case bringing in the disease escaped diagnosis but the fatality rate in those secondarily infected was high.

Six of the confirmed cases in Glasgow and 10 of the 29 in Brighton died. In Brighton 17 of the 29 patients had never been vaccinated before and the remainder had been vaccinated in infancy. Seven of the patients who died had never been vaccinated and three had been vaccinated in infancy over fifty years ago.

The value of vaccination in preventing deaths from Smallpox has long been well established (the ideal of primary vaccination in infancy with re-vaccination on leaving school and on subsequent occasions if there has been exposure to Smallpox is well known) yet the practice of vaccination commenced to decline in 1898 with a further decline since it became entirely optional at the inception of the National Health Service Act.

In 1903 75.4% of infants in England and Wales were vaccinated; in 1936 it had dropped to 37% while in 1949 the acceptance rate for Primary Vaccination in those under one year was 28%.

In Stanley Urban District the percentages for 1949 and 1950 were 6.7 and 5.1 respectively.

This low acceptance rate can only be regarded with grave concern since the infection introduced into the Country may be carried just as easily to Stanley as any other part of the Country as can be seen by the following numbers of contacts who arrived in the Area:

1942-45	2
1946	39
1950	8

A pamphlet regarding vaccination is sent from the County Health Department to parents when their children attain the age of three months and the health visiting staff are provided with details of children vaccinated in order that they can visit those not protected.

While mass vaccination during an epidemic may become necessary, if possible it should be unnecessary and must be regarded as a 'last ditch' measure, for the most complete reaction to vaccination in a person not previously vaccinated, even if performed immediately on exposure, does not always protect from the most severe forms of Smallpox. However, those kept protected by re-vaccination so that their immunity to vaccinia is never allowed to fall are apparently safe from any dose of the causal organism.

Diphtheria—During the year 23 cases (0.47 per 1,000 population) were notified, the least ever recorded in this area. All were admitted to hospital and on further investigation only two were regarded as cases of Diphtheria. The first was an unimmunised boy of seven years where the disease was definitely confirmed but the second raised doubts regarding diagnosis. Nevertheless, in order to be on the safe side, it was treated as such.

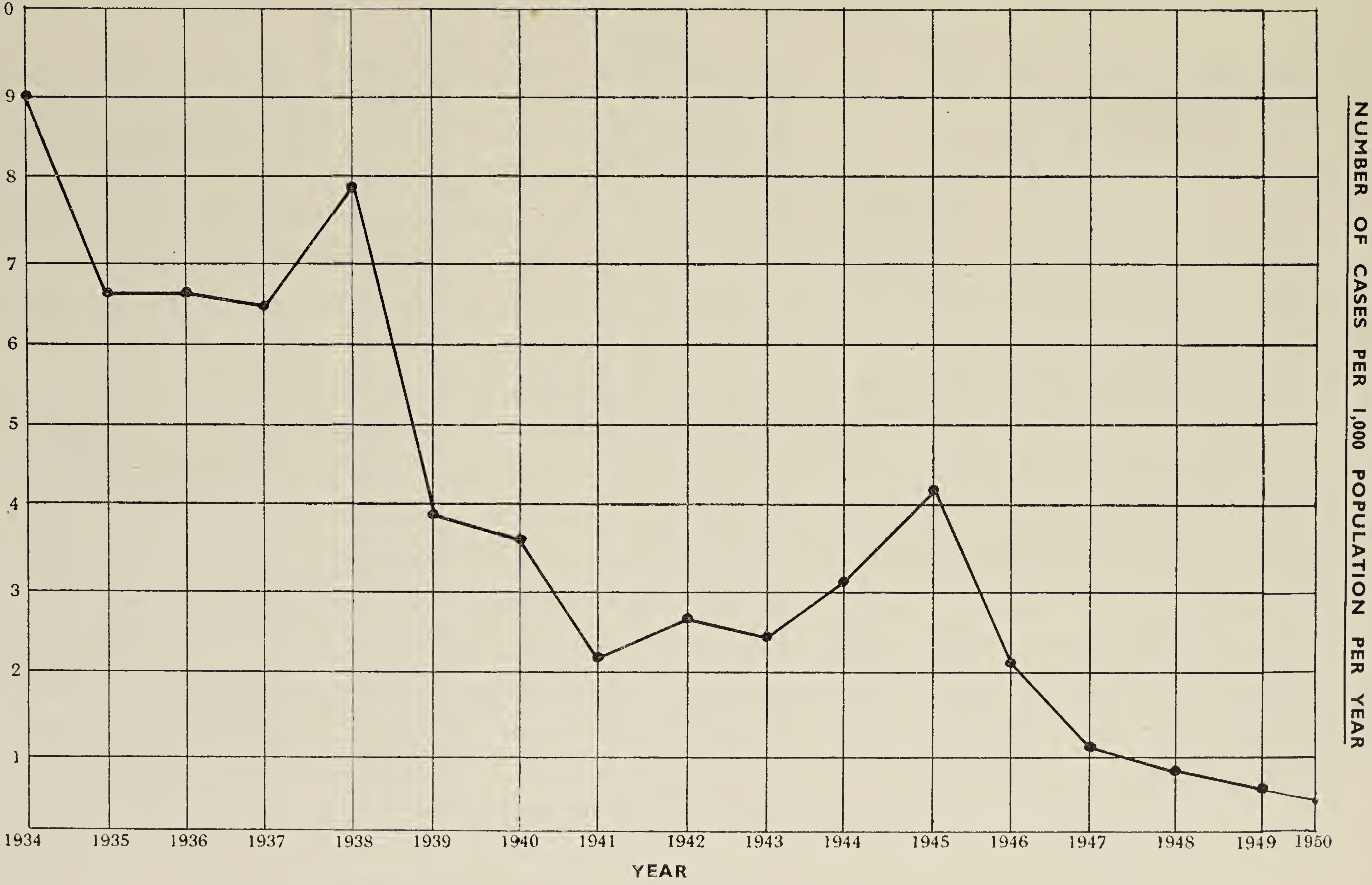
While investigating contacts of these cases a few carriers of virulent Diphtheria organisms were discovered.

We can be justly proud of our achievement in reducing the incidence and the mortality of this disease in the area but the fact that the organism capable of causing sudden and widespread epidemics still lurks in our midst reminds us of the devastation which this disease could again cause should we neglect to maintain our defence—in 1934 there were 441 cases and 34 deaths from Diphtheria in the district.

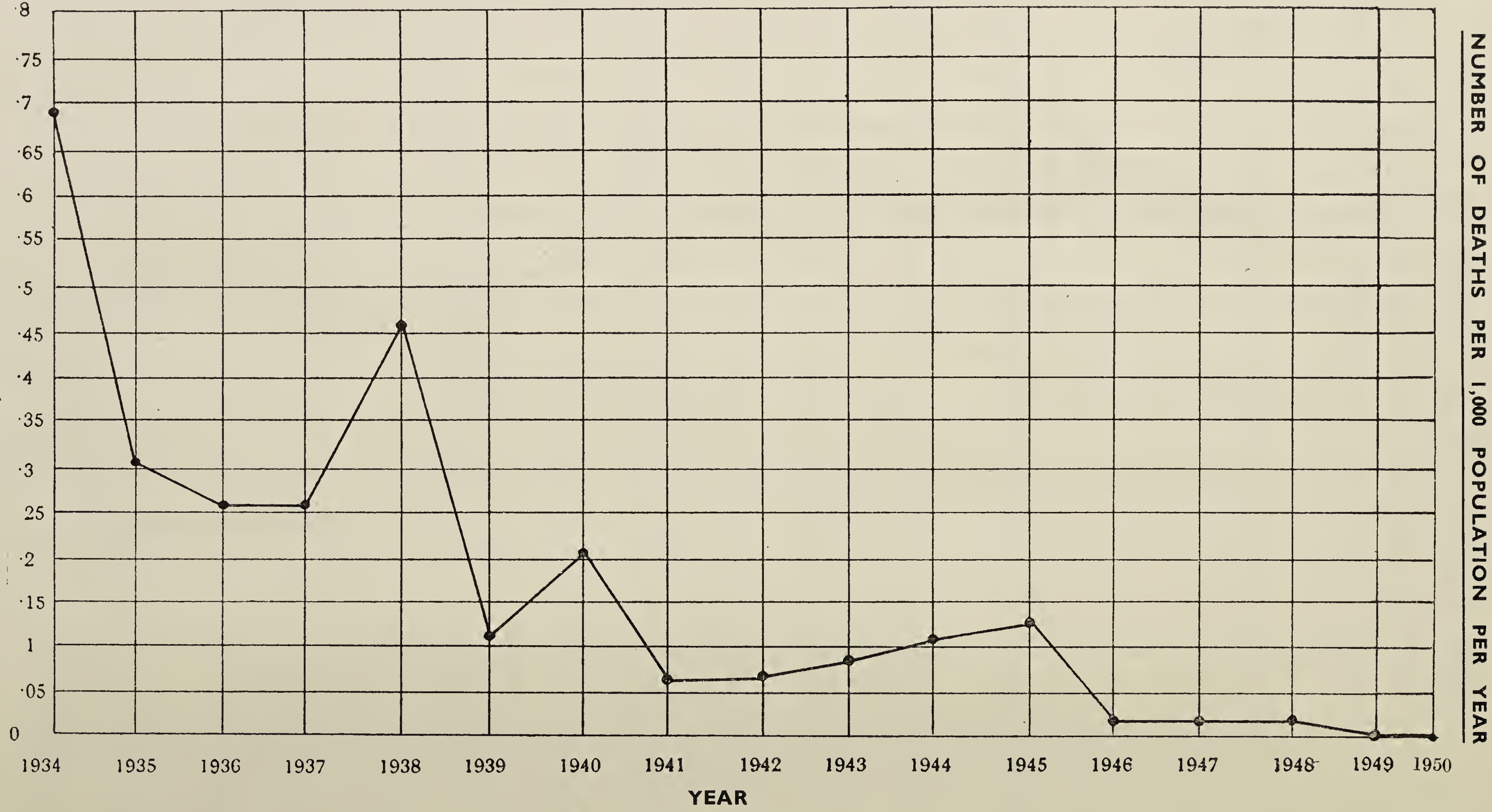
With fewer opportunities of picking up sub-infective doses of the organism which would otherwise keep up the level of active immunity we now rely almost entirely on artificial immunisation and to be fully effective 70% of the child population must be immunised and as soon as possible. This becomes all the more important when we realise that whereas vaccination against Smallpox can be used as an emergency measure, immunity against Diphtheria produced by inoculation takes several weeks to develop.

In the Stanley Urban District 44.6% of children under five years and 80% between five years and fifteen years have at some time been immunised but if we consider those not immunised within the last four years as having no existing immunity the percentage of children immune under the age of five years is 44.6% and the percentage of children between the ages of five and fifteen years is 56.8%.

DIPHTHERIA NOTIFICATION RATES 1934 - 1950



DIPHTHERIA MORTALITY RATES 1934 - 1950



Since present immunisation methods greatly reduce the possibility of the disease being acquired and practically abolishes the chance of infection terminating fatally, it is therefore the duty of every parent to ensure that their children are immunised when eight months old and preferably again before starting school and again at ten years of age.

Pamphlets recommending immunisation are sent out by the County Health Department to all parents when their children are eight months old and again on their first birthday.

The three weekly clinics for immunising children against Diphtheria have been continued by your Medical Officer.

Details of injections given during the year are as follows:

	Primary Immunisations (two injections).	Booster Doses.
Stanley	109	47
Tantobie	8	7
Hare Law	42	14
Totals	159	68

Food Poisoning—During the year 20 cases were notified with three additional cases originally notified as suffering from Dysentery. These cases involved 13 families in which four could be considered to be family outbreaks (No. 6—two cases; No. 8—four cases; No. 10—four cases; No. 17—four cases), the rest being sporadic cases where no relationship with regard to source of infection could be traced. No incriminating food or reservoir of infection in any case could be discovered. The organisms responsible were as follows:

Salmonella Kentucky	1
„ Thompson	3
„ Typhi-murium	14
Unknown	5
Total	23

Many of these cases were discovered in our routine investigation of Dysentery contacts and since the spread of all these diarrhœal diseases is so intimately related to the standard of general and food hygiene as practised by the public and in particular the food handlers, the obligation of individuals to their neighbours or their customers cannot be over emphasised.

Sonne Dysentery—Incidence in recent years has fluctuated slightly between 4 and 12 cases per year, the annual mean for the nine years 1940-1948 inclusive being 7.25 cases. After reaching its lowest level in 1948 it rose sharply to 32 cases in 1949 with a further considerable rise to 385 cases in 1950, the peak in the latter year being in the month of April with a total of 99 new notifications.

At the beginning of the year a letter was sent to each Butcher, Food Retailer, Cafe Proprietor, Canteen Manager, etc., informing them of the prevalence of this disease and the necessity of ensuring a high standard of hygiene among their employees in hygienic methods of food handling and wrapping.

All cases were visited by Sanitary Inspectors and fæces specimens taken from families and intimate contacts in every case, an attempt being made to trace the source of infection and assist General Practitioners in confirming the diagnosis and taking over from them the complete family unit for further investigation. While visiting the home there was an opportunity for discussing the problems with the family, giving advice on preventing the spread of the disease and leaving pamphlets on hygienic food handling etc. Cases and carriers were excluded from food handling.

It quickly became obvious that this was not a primary wave of infection but an endemic disease which had recently become more prevalent and was moving from one household to another, the rate of spread being accelerated here and there by birthday parties and communal gatherings at which sufferers and carriers of the organism had been present. When cases were investigated it was unusual not to get a history of Diarrhœa in other members of the family and contacts spread over a period of several weeks.

During the year 46 cases were hospitalised—mainly young children or those with associated other diseases. Six of these were not confirmed cases of Dysentery. During our investigations we discovered several cases of Food Poisoning.

The disease was mild in the majority of cases but infectivity very great, children in the younger age groups appearing to be the means by which the disease was spread. There was a large number of previously undiscovered cases and carriers who remained reservoirs of infection.

The peak having been reached in April (99 during the month), the numbers of new notifications diminished each month throughout the rest of the year.

TUBERCULOSIS.

1. Statistics:

	Pulmonary.	Non-Pulmonary.	Total.
(a) No. of new cases notified during year :—			
Males	22	6	28
Females	31	5	36
Totals	53	11	64
(b) No. of deaths registered :—			
Males	7	1	8
Females	7	1	8
Totals ..	14	2	16
(c) No. of cases on the Tuberculosis Register :—			
Males	175	52	227
Females	168	59	227
Totals ..	343	111	454

Age distribution of new cases and deaths are as follows: —

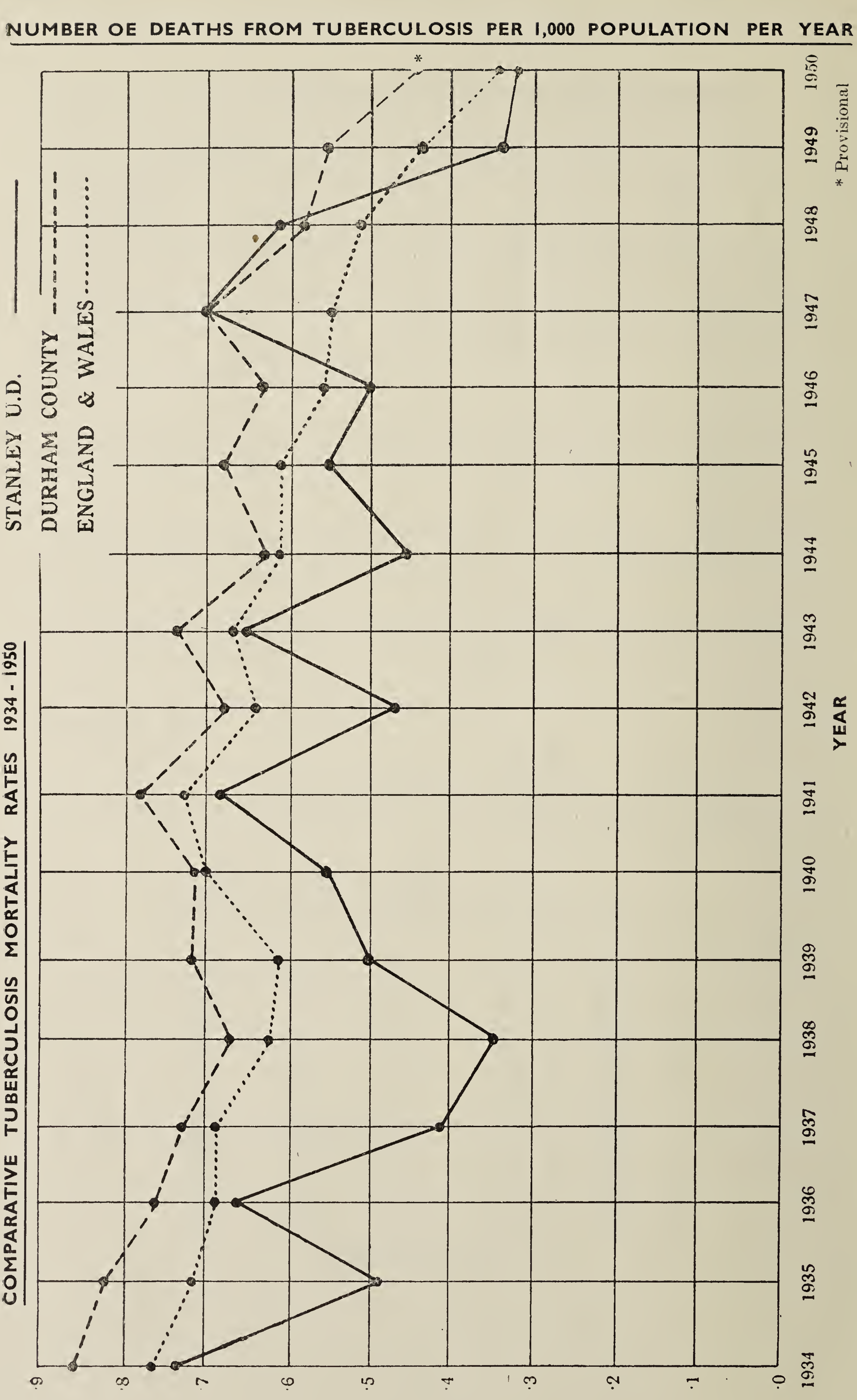
Age Period	CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
Years	M.	F.	M.	F.	M.	F.	M.	F.
0-4	2	1	1	—	—	1	—	—
5-10	2	1	1	3	—	—	—	—
11-15	1	3	1	—	—	—	—	—
16-20	5	8	2	—	1	3	1 †	—
21-25	3	9	—	—	—	1	—	—
26-30	—	5	1	2	1	1	—	—
31-35	2	1	—	—	1	—	—	—
36-40	1	2	—	—	1	1	—	—
41-45	1	—	—	—	1	—	—	—
46-50	—	—	—	—	—	—	—	1 †
51-55	1	—	—	—	—	—	—	—
56-60	2	1	—	—	1	—	—	—
61-65	1	—	—	—	—	—	—	—
66-70	—	—	—	—	—	—	—	—
71-75	1	—	—	—	1	—	—	—
76-80	—	—	—	—	—	—	—	—
81 & over	—	—	—	—	—	—	—	—
	22	31	6	5	7	7	1	1
	53		11		14		2	
	64				16			

† Tuberculous Meningitis.

Number and rate per 1,000 population of notifications and deaths over the last sixteen years are as follows: —

Year	No. of Notifications	Rate per 1,000 pop.	No. of Deaths	Rate per 1,000 pop.
1935	67	1·4	22	·49
1936	57	1·2	24	·66
1937	52	1·0	21	·41
1938	85	1·6	18	·35
1939	74	1·5	25	·50
1940	70	1·5	27	·56
1941	66	1·4	32	·69
1942	52	1·1	22	·48
1943	73	1·6	30	·66
1944	53	1·1	21	·46
1945	45	0·9	26	·56
1946	67	1·2	24	·50
1947	83	1·7	34	·70
1948	91	1·8	30	·61
1949	73	1·5	17	·35
1950	64	1·3	16	·33

(See graph on page 30).



COMPARATIVE TUBERCULOSIS MORTALITY RATES 1934 - 1950

II. Notification of Tuberculosis.

After the steady increase in the annual number of notifications of Tuberculosis over a period of years—probably due to more accurate diagnosis—the reduction from 91 cases in 1948 to 73 in 1949 with a further reduction to 64 this year is most encouraging especially in view of our recent increased efforts at case finding. Moreover, the majority of these 64 cases have been discovered at an early stage of the disease when the chance of complete recovery is considerably greater. From these facts it would seem that increasing numbers of the old chronic infectious cases are now under control thus reducing the reservoir of infection and allowing us to get nearer to the diminishing day-to-day ravages of this monster of a disease.

III. Deaths from Tuberculosis.

In 1950 there were 16 deaths from Tuberculosis—the smallest number ever recorded in this Area. This improvement in the position over the last few years is almost certainly due to a better informed general public, earlier diagnosis and treatment, more admissions to Sanatoria and the fact that the standard of living among this essentially mining community has been maintained at a fairly high level, but the relative value of each individual measure is very difficult to assess. Nevertheless, four of the 16 deaths occurred in cases first notified at the time of death, evidence that cases are still evading our existing methods for early detection.

IV. Tuberculosis Services for the Area.

(*a*) Existing Services.

(i) The Dispensary situated at Stanley and now re-designated "Chest Clinic" deals with all chest complaints in addition to Tuberculosis.

(ii) During the year 29 cases of Tuberculosis from this area were admitted to Sanatoria (Wolsingham, Seaham, Blaydon, Crook, Stannington (Morpeth), Bishop Auckland, Chester-le-Street, Durham and Gateshead), two of whom died at hospital.

(iii) There are 39 Tuberculosis patients on the Disabled Persons Register, two of whom were retrained during the year and one of whom received special rehabilitation.

(iv) A voluntary Tuberculosis After-care Committee covers the North-West Durham area providing clothing, bedding, etc., and supplementing income from County and local voluntary funds in necessitous cases.

(v) Since 1946, 10% of all new Council houses and casual lettings (amounting to 16 houses this year) are allocated to Tuberculosis cases. A total of 79 families have been rehoused under this scheme since its introduction.

(*b*) Future Services.

It is becoming increasingly obvious that the complete eradication of Tuberculosis is a much closer possibility than we once thought and recent trends in the area must act as an incentive for us to redouble our efforts.

While a Tuberculosis Treatment Unit in our local isolation hospital is long overdue emphasis must however be on prevention and early diagnosis and furthermore we must constantly remind ourselves that it is a social disease and when a case occurs in any household it is not the patient only who requires attention but the entire family. Immunisation methods using "B.C.G.", already tried in other countries and now being introduced in England, must be used on selected chidren in this area in an attempt to increase their resistance to the disease. A case once diagnosed, treated in a Sanatorium and then discharged must be assisted to re-adapt himself physically and mentally to ordinary work-a-day life. In some cases this must necessitate a course of special rehabilitation retraining in a more suitable occupation or employment under sheltered conditions. Unfortunately, this area is singularly lacking in some of these facilities.

In the past the efforts of the Chest Clinic have been directed to confirming suspected diagnosis and placing names on waiting lists for sanatorium treatment but in future it should become more and more a place for observation and managing the early case, following up contacts and detecting new cases, being also actively engaged in prevention in close co-operation with the Health Department.

Thus schemes for vaccination against Tuberculosis, regular visits by the Mass X-ray Unit and the development of a comprehensive After-care Service should rank among the important programmes for the future.

REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR, 1950.

HOUSING:

153 new Council houses (including 3 bungalows at the Miners' Hostel, New Kyo) were let during the year and 55 houses were re-let, making a total of 208.

The number of applications for Council houses on the 1951 list was 2,151 which were classified as follows: —

Families without Homes	958
Overcrowding (Family Units)	425
Insanitary Dwellings	39
Medical	39
Aged Persons	257
Unclassified	433
Totals	2,151

The low number of 39 Insanitary Dwellings on the Housing List is no indication of the number of bad houses in the Area, as only those properties which are definitely beyond repair and those which are either subject to Demolition Orders or where agreement is made with the Owners for demolition, are placed in this category with the prospect of rehousing during the current year. Actually there are approximately 950 houses considered to be sub-standard and not capable of being made fit at a reasonable expense and which can not be dealt with under the Housing Acts until there is more new accommodation available.

A large number of the sub-standard houses are old colliery houses which are not provided with reasonable amenities such as water-closets, slopstones, hot water supply or baths and the National Coal Board is having to consider modernising these houses at considerable expense in view of the fact that it is not possible for the Local Authority to rehouse the tenants within the near future.

In addition to the insanitary dwellings, there is the problem of maintenance and repair of those houses which could, before the war, have been made fit under Section 9 of the Housing Act, 1936, but owing to the greatly increased cost of repairs, the operation of this section is restricted by the limitation of "reasonable expense". This economic obstacle is likely to continue on an increasing scale and must have a marked effect upon the rate of deterioration of existing properties.

Overcrowding—The number of applications on the 1951 Housing List is 425 which are confined specifically to the one-family unit and the selection of tenants is based on the points system of two persons to one room and allowing for separation of children according to age and sex.

The following table shews the number of persons and families together with the number of bedrooms.

No. of Persons in house.	Total No. of Persons.	No. of Families.	No. of Bedrooms.			
			0	1	2	3
2	10	5	—	5	—	—
3	333	111	3	108	—	—
4	424	106	—	104	2	—
5	590	118	—	57	61	—
6	330	55	—	21	34	—
7	133	19	—	2	13	4
8	56	7	—	—	5	2
9	—	—	—	—	—	—
10	20	2	—	—	2	—
11	—	—	—	—	—	—
12	24	2	—	—	2	—
Totals ..	1,920	425	3	297	119	6

It will be noted that approximately 70% of the applications are from families living in one-bedroom houses.

20% of all Council houses let during the year were occupied by 37 over-crowded families.

Insanitary Dwellings—During the year the following properties were dealt with under the Housing Act, 1936:—

1.	Individual Unfit Houses demolished (Section 11)	7
2.	Individual Unfit Houses demolished (Informal Action)	10
3.	Individual Unfit Houses closed (Informal Action)	4

Demolition Orders—The following particulars shew the position regarding houses under demolition orders:

No. of houses still occupied	4
No. of houses standing empty	10

PUBLIC HEALTH AND HOUSING ACTS.

The following is a summary of notices served under the Public Health and Housing Act:—

	No. of Nuisances or defects dealt with by Informal Notices.	No. of Nuisances or defects dealt with by Formal Notices by Order of the Council	No. of Nuisances or defects abated or remedied after service of Notices
Dwelling Houses:			
Foul Conditions	6	—	8
Structural Defects	199	20	155
Ashpits and Privies	51	7	43
Water-closets	37	3	25
Defective Yard Paving	1	—	2
House Drainage:			
Defective Traps	—	—	—
Other faults	42	3	41
Water Supply	14	—	12
Smoke Nuisances	3	—	2
Ashbins	36	—	40
Rats and Mice	3	—	—
Other Nuisances	2	—	—
Bug Infestation	1	—	—
Deposits of Refuse and Manure	2	—	2
Totals	397	33	330

ANALYSIS OF INSPECTIONS, 1950.

Housing Defects :—Inspections	317
Re-visits	612
Drains	304
Water-closets	244
Ashpits and Ashbins	109
Yards	9
Housing Acts :— Inspections	565
Demolition	56
Overcrowding	17
Foul Conditions	47
Verminous Premises	38
Rats and Mice	254
Offensive Trades	12
Deposits of Refuse	7
Animals Improperly Kept	3
Smoke Nuisances	43
Privy Conversions	171
Refuse Collection and Disposal	64
Factories	312
Council Houses	213
Shops	160
Food Premises	201
Meat Pool	307
Cowsheds, Dairies, Milkshops	59
Ice Cream Samples	27
Water Samples	131
Water Supplies	169
Cottagers' Pigs	277
Unsound Food	109
Infectious Diseases	1,311
Appointments	540
Miscellaneous	260
Total	6,948

SANITARY CONVENIENCES.

It has not been possible to recommence the general scheme of privy conversion at Stanley, Annfield Plain, Tanfield, Tantobie and Hobson as the new sewage works at the Causey will not be completed until October, 1951.

During the year 57 privies were converted into water-closets but there are still 2,145 to be converted.

The number of privies converted into water-closets since 1931 is as follows:

1931	151	
1932	155	
1933	1,664	(including scheme for 1,460).
1934	250	
1935	142	
1936	230	
1937	103	
1938	47	
1939	471	(including part scheme for 1,295).
1940	3	
1941	1	
1942	2	
1943	6	
1944	12	
1945	6	
1946	7	
1947	4	
1948	51	
1949	58	
1950	57	
Total	3,420	

The following are the types of conveniences in the Area:

Water closets	11,917
Privies	2,145
Dry Ashpits	3,910
Ashbins	7,460

REFUSE COLLECTION.

House refuse is collected from 6,055 ashpits weekly and 7,460 ashbins twice weekly together with trade refuse, twice weekly, from 121 shops etc., necessitating a total of 21,217 visits each week.

The estimated amount of refuse is approximately 40,000 tons per annum.

The refuse is abnormally heavy and peculiar to a colliery district where the coal is supplied free to the miners and contains a high percentage of stone. These stones are separated from the coal and deposited either on the highway or the back-streets which has entailed additional cost of collection.

Representation has been made to the National Coal Board for them either to collect the stones when delivering their next load or to eliminate the stone from the coal before delivery.

The total annual cost of collection and disposal for the year ending 31st March, 1951, was £22,363. This gives a rate of 11/2d. per ton and an equivalent rate in the pound of 32d. The average weight of refuse per 1,000 population per day is 45 cwts. and the nett cost per 1,000 population per year is £461.

TRADE REFUSE.

Trade Refuse was collected from 121 shops in the area during the year from which 56 tons 18¼ cwts. of waste paper was sold to the Thames Board Mills for the sum of £307 15s. 6d.

ERADICATION OF BED BUGS.

During the year three Council and 11 private houses were found to be infested with bed bugs. The Council houses were disinfested by the Local Authority and the private houses by the occupiers.

The method of disinfestation was by spraying with insecticides followed by fumigation. Where necessary the infested woodwork—such as picture rails and skirting boards—was removed and destroyed. The occupiers were then instructed to cleanse the house by washing down with soap and water. Frequent inspections were made and advice given to the occupiers until the premises were free from vermin.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

This act came into force on the 31st March, 1950, on which date the Rats and Mice (Destruction) Act, 1919 was repealed.

The important difference between the provisions of the new and old Acts is that Borough and District Councils are now directly vested whereas formerly the vesting was in the County Councils, with the right of delegation to Borough and District Councils willing to accept the duties.

The new Act emphasises the primary obligation as being upon the local authority to ensure that, so far as practicable, its area is kept free from rats and mice. Under the old Act the primary duty was laid upon the individual occupier, coupled with a right to the local authority to enforce the requirement upon him.

The Act greatly strengthens the powers of the authorities and furnishes them with the means of achieving radical improvement in the control of rats and mice.

During the year inspections were made of various lands and premises in the area and operations for the destruction of rats were carried out as follows:

	No. of Properties Inspected	No. of Inspections	No. of Treatments		No. infested by		
			Rats	Mice	Rats		Mice
					Major	Minor	
Local Authority Property ..	21	136	14	5	14	—	5
Dwelling Houses including Council Houses	39	94	5	—	—	5	—
Business premises	39	242	15	16	6	9	16
Totals ..	99	472	34	21	20	14	21

MILK AND DAIRIES REGULATIONS, 1949.

The following were on the register at the 31st December, 1950:

Dairies (not dairy farms)	Nil.
Distributors	106

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.

The following licence was issued during the year under review:

Dealer's Licence to use the special designation "Tuberculin Tested" with regard to raw milk	1

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED) REGULATIONS, 1949.

The following licences were issued during the year under review:

Dealer's licence to use the special designation "Pasteurised"	38
Dealer's licence to use the special designation "Sterilised"	57
Dealer's licence to use the special designation "Tuberculin Tested Milk (Pasteurised)"	10
Dealer's supplementary licence to use the special designation "Pasteurised" ..	2

FOOD AND DRUGS ACT, 1938.

Routine inspections were carried out of all premises used for the manufacture, sale and storage of food.

The following premises were registered under the Act:

Ice Cream Manufacture	9
Ice Cream Sale	68
Ice Cream Storage	32
Preparation or manufacture of Sausages, Potted or Pressed Food	32
Preparation of Preserved Food—Fried Fish and Chips	35

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947.

All premises used for the manufacture and storage of Ice Cream were regularly inspected during the year and a good standard of hygiene was reasonably maintained.

Samples of Ice Cream were taken periodically from all producers and submitted for bacteriological examination to the Public Health Laboratory. The results shewn in Grades I. and II. were deemed to be satisfactory and those in Grades III. and IV. were considered to be below the suggested bacterial standard. Results were as follows: —

Grade I	23
,, II	—
,, III	2
,, IV	2
Total	27

MEAT AND OTHER FOODS.

The slaughter of food animals is carried out at a central depot outside the district and the meat brought into three Distribution Depots and inspected prior to allocation to the butchers.

In addition, 263 pigs were slaughtered in the District by pig keepers, under special permits from the Ministry of Food.

During the year the following articles of food were found to be unfit for human consumption and destroyed: —

Home Killed Beef (Bone Taint)	645½	lbs
Home Killed Beef (Bruising)	249	lbs
Home Killed Mutton (Bone Taint)	48	lbs.
Home Killed Mutton (Putrefaction)	127	lbs.
Imported Beef (Bone Taint)	522	lbs.
Imported Manufacturing Beef (Moulds)	25	lbs.
Imported Lamb (Decomposition)	29½	lbs.
Imported Mutton (Bone Taint)	24	lbs.
Imported Manufacturing Beef (Bone Taint)	120	lbs.
Pigs' Livers	2	
Pigs' Lungs	1	pr.
Pigs' Heads	1	

56	lbs.	Black Pudding.
40	lbs.	Cooked Ham.
97½	lbs.	Bacon.
9¼	lbs.	Coconut Ice.
2	lbs.	Margarine.
1,720	lbs.	Fruit.
49	lbs.	Yeast.
304	tins	Vegetables.
2	jars	Fruit.
4	jars	Pickles.
94	tins	Fish.
445	tins	Milk.
19	tins	Paste.
3	tins	Syrup.
1	jar	Rhubarb.
290		Danish Eggs.
20	pks.	Custard Powder.
14		Puddings.
36		Harris Faggots.
1	tin	Mincemeat.
6	jars	Cod Liver Oil.
5,000		loaves of Bread.
7	pks.	Self Raising Flour.
69	lbs.	Chilled Loins
335	lbs.	Sausage.
104	lbs.	Cheese.
68½	lbs.	Butter.
12	lbs.	Flour.
17¼	lbs.	Brawn.
336	tins.	Meat.
479	tins	Fruit.
14	btles.	Pickles.
3	jars	Salad Cream.
254	tins	Spaghetti.
127	tins	Soup.
38	tins	Baby Food.
1	jar	Honey
24	Cat. I.	Eggs.
2	jars	Apple Juice.
1	btle.	Sauce.
2	tins	Mushrooms.
27	tins	Preserves.
4	jars	Chutney.
2	tins	Spinach.
1	btle.	Vinegar.

SLAUGHTER-HOUSES.

15 Licences for the keeping of premises as a Slaughter-house were issued during the year.

SLAUGHTER OF ANIMALS ACT, 1933.

There were 54 licensed Slaughter-men on the register at the end of the year.

FACTORIES.

During the year 312 inspections were carried out in the various factories in the Area.

The following is a list of factories in the Area at the 31st December, 1950:

Ice Cream Manufacturers	8
Bakers	13
Butchers	30
Mineral Water Manufacturers	2
Milk Pasteuriser	1
Gut Scraper	1
Wholesale Clothing Manufacturers	5
Dressmakers and Milliners	5
Printers	2
Ink Manufacturers	1
Plumbers	5
Builders and Contractors	7
Joiners	4
Painters	5
Blacksmiths	3
Boot Repairers	5
Radio Repairers	3
Marine Dealers	2
Motor Repairers	24
Brick & Tile Works	1
Saddlers	1
Watch Repairing	4
Glove Manufacturers	1
Drycleaners	1
Electrical Equipment Manufacturers	1
Other Premises	4
Total	139

There were 17 Out workers in the area, all manufacturing wearing apparel.

In conclusion I wish to express my thanks for the consideration and support of the Council and members of the Staff.

Yours faithfully,

K. ELLIOTT,

Chief Sanitary Inspector.

APPENDIX A

Year	Population	Deaths	Death Rate	Live Births	Birth Rate	Infantile Deaths	Infant Death Rate	Neo-Natal Deaths	Neo-Natal Death Rate	No. of Cases of Infectious Diseases Notified.									
															Bowel Complaints.			Tuberculosis	
										Measles	Scarlet Fever	Whooping Cough	Diphtheria	Poliomyelitis	Dysentery	Enteric	Food P.	Pul.	Non Pul.
1937..	50,830	597	12·99	756	16·45	49	64·81	—	—	—	151	—	332	—	—	3	—	28	24
1938..	50,490	591	11·70	801	15·86	48	60·00	—	—	—	164	—	395	—	—	2	—	40	45
1939..	50,020	594	11·94	718	14·35	53	74·00	—	—	8	77	3	196	—	2	2	—	38	36
1940..	47,700	600	12·58	847	17·76	51	60·00	—	—	1,093	103	84	173	—	8	1	—	44	26
1941..	46,000	566	12·30	811	17·63	70	87·00	—	—	262	120	73	105	—	4	—	—	43	23
1942..	45,330	546	12·04	812	17·91	43	54·00	—	—	547	164	8	125	—	10	1	—	31	21
1943..	44,950	571	12·70	844	18·77	54	65·00	—	—	637	196	229	113	—	—	1	—	44	29
1944..	45,660	543	11·89	950	20·80	54	57·00	—	—	712	88	15	145	—	10	2	—	39	14
1945..	46,440	574	12·36	862	18·50	47	54·30	—	—	241	80	241	194	—	11	2	—	33	12
1946..	48,110	573	11·90	975	20·27	48	49·00	22	22·56	619	50	619	101	1	—	18	9	56	11
1947..	48,510	631	13·00	1108	22·84	54	48·73	23	20·75	268	71	268	61	28	6	3	1	61	22
1948..	48,920	609	12·45	926	18·93	44	47·51	19	20·51	788	181	788	40	6	4	2	1	77	14
1949..	48,890	555	11·35	880	18·00	30	34·1	15	17·04	656	240	115	31	2	33	3	9	57	16
1950..	48,480	561	11·57	769	15·86	26	33·8	12	15·60	379	107	391	23	3	391	—	20	53	11

APPENDIX B.

ANALYSIS OF THE NOTIFIED AND CONFIRMED CASES OF NOTIFIABLE DISEASES UNDER AGE GROUPS FOR 1950

Name of Disease.	Under 1 year		1		2		3		4		5		6-10		11-15		16-20		21-35		36-45		46-65		66 and Over		Age Un-known		TOTALS	
	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C
Scarlet Fever			1	1	8	7	11	10	8	8	15	15	45	45	13	13	1		4	3	1	1							107	103
Diphtheria	1				3		2		5				7	2	2				1		2								23	2
Encephalitis (Infective) ..																								1						1
Puerperal Pyrexia ..																			1	1									1	1
Pneumonia	9	8	9	7	7	6	6	6	8	8	8	6	8	8	2	2	4	5	8	6	7	6	19	18	12	10	1	1	108	97
Measles	24	24	48	48	61	63	75	75	49	49	74	74	46	46	1	1			1	1									379	381
Whooping Cough.. ..	37	37	48	48	68	68	76	76	47	47	47	47	64	64	1	1	1	1			1	1					1	1	391	391
Cerebro-Spinal Fever ..					1	2									2	1	1		1				1						6	3
Erysipelas..							1	1									1		1	1	2	2	5	5	6	6			16	15
Acute Poliomyelitis ..	1	1	1	1					1	2																			3	4
Food Poisoning ..	1	2			1	1	1	2			1	1	2	2			2	2	3	3	2	1	6	6	1	3			20	23
Dysentery..	18	15	31	31	33	33	25	24	26	26	23	24	56	55	21	21	14	14	63	63	32	33	31	30	16	14	2	2	391	385
Totals	91	87	138	136	182	180	197	194	144	140	168	167	228	222	42	39	24	22	83	78	47	44	62	60	35	33	4	4	1,445	1,406

N—Notified Cases.
C—Corrected Cases.

APPENDIX C.

FACTORIES ACT, 1937.

Prescribed particulars on the administration of the Factories Act, 1937.

PART 1 OF THE ACT.

1. **INSPECTIONS** for the purposes of provision as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	31	75		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	104	195		
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	4	42		
TOTALS	139	312		

2.—CASES IN WHICH **DEFECTS** WERE FOUND.

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) . .					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7) (a) Insufficient . .					
(b) Unsuitable or defective . .	1	1		1	
(c) Not separate for sexes	1	1		1	
Other offences against the Act (not including offences relating to Outwork)					
TOTALS . .	2	2		2	